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FEE TRANSMITTAL for FY 2005 (Only for new nonprovisional applications under 37 CFR 1.53(b))		Complete if Known	
		Application Number	09/666,377
		Filing Date	20 September 2000
		First Named Inventor	Alexander DICKINSON
		Examiner Name	N. M. Wright
Applicant claims small entity status. See 37 C.F.R. 1.27		Art Unit	2134
TOTAL AMOUNT OF PAYMENT	(\$1,810.00)	Attorney Docket No.	48556-00005

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>50-1067</u>
Deposit Account Name: _____	
For the above-identified account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
						<u>Small Entity</u>	
Fee Description						Fee(\$)	Fee(\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims						Multiple Dependent Claims	
Extra Claims						Fee(\$)	Fee Paid(\$)
-20 or HP = _____ x _____ = _____						_____	_____
HP = highest number of independent claims paid for, if greater than 20.							
Indep. Claims							
Extra Claims							
-3 or HP = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof			Fee(\$)	Fee Paid(\$)	
_____ -100=	_____/50=	_____(round up to a whole number) x			_____ =	_____	
4. OTHER FEE(S)							Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							_____
Other (e.g., late filing surcharge): <u>RCE (Request for Continued Examination)</u>							\$ 790.00
<u>Petition for Extension of Time</u>							\$1,020.00

SUBMITTED BY			
Signature		Registration No.	Telephone 202.628.1700
Name (Print/Type)	Don Pello	Date	October 20, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2